

Effectiveness of Community-Based Drug Treatments for Adolescents

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Science-Based Treatments Are Effective

But the 135,000 annual adolescent admissions are mostly to community-based programs

- Eclectic, not typically science-based**

The BIG policy question:

Are science-based treatments MORE effective than community-based treatments?

Community-Based Treatment is Understudied

Rigorous studies unavailable

- **Just one “random assignment” study**
 - **20 years old**
 - **Sample too small to detect treatment effects**
- **Large observational studies are the norm**
 - **DARP, TOPS, NTIES, DATOS-A**

Observational Studies Are Inconclusive

- **Program effectiveness examined with**
 - **Before-After comparisons of problems**
 - **Awkward comparisons**
 - **Therapeutic Community**
 - **Outpatient Programs**
- **Are Differences in Outcomes Due to**
 - **Program Effects?**
 - **Clientele Differences?**

The 2nd Best Design: Case-Mix Adjustment

Statistical selection of appropriate comparison cases

- **Not previously used in evaluations of community-based treatment for youths**

RAND recently used this approach with its Adolescent Outcomes Study

RAND's Adolescent Outcomes Study

Interviews before and 12-months after treatment used to compare outcomes of

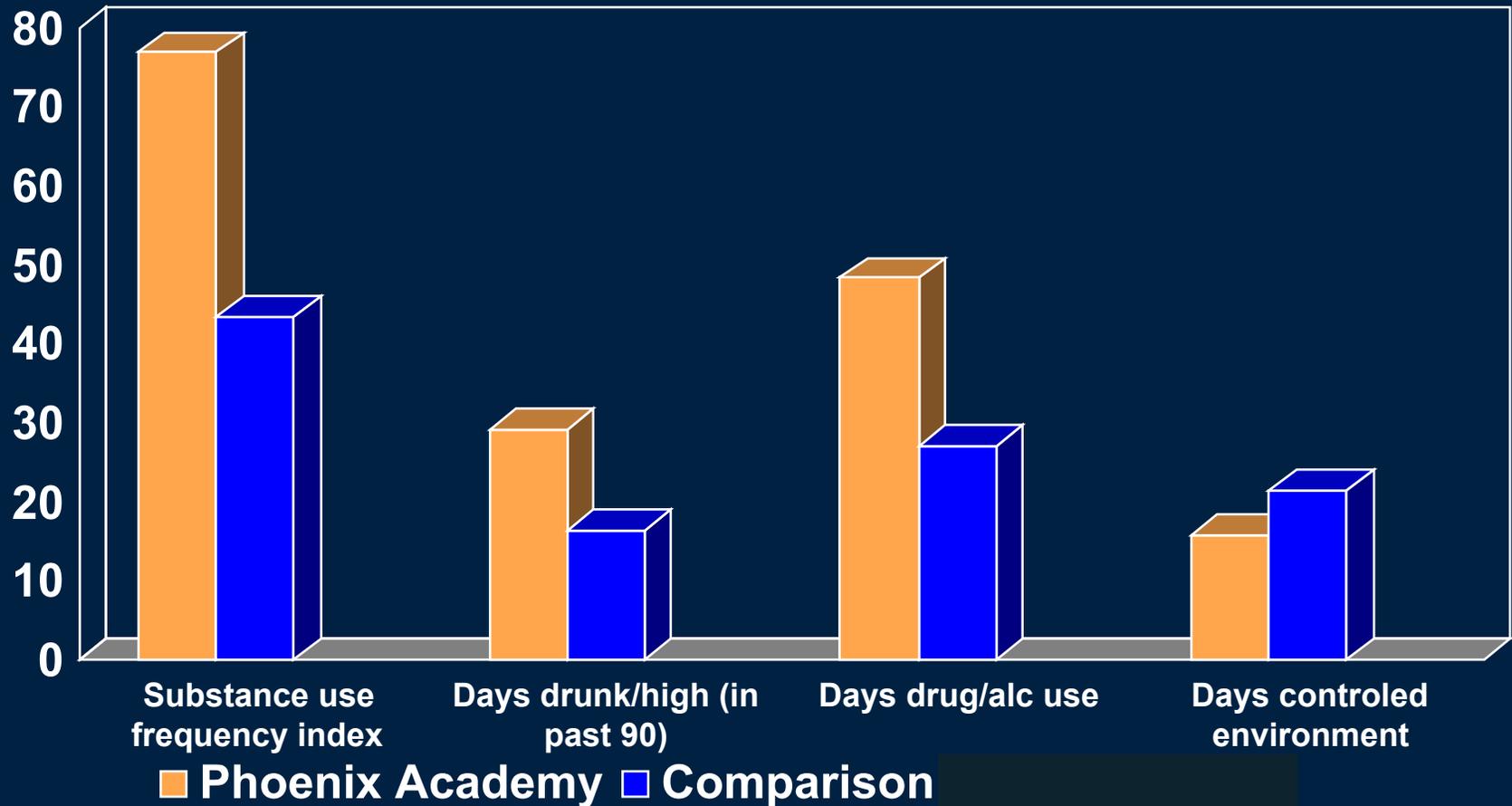
- Phoenix Academy (PA) n=175**
- Comparison programs (COMP) n=274**

Statistically adjusts for group differences

- Age, Race, Substance Problems, Crime, Psychological Problems, etc. (56 variables)**

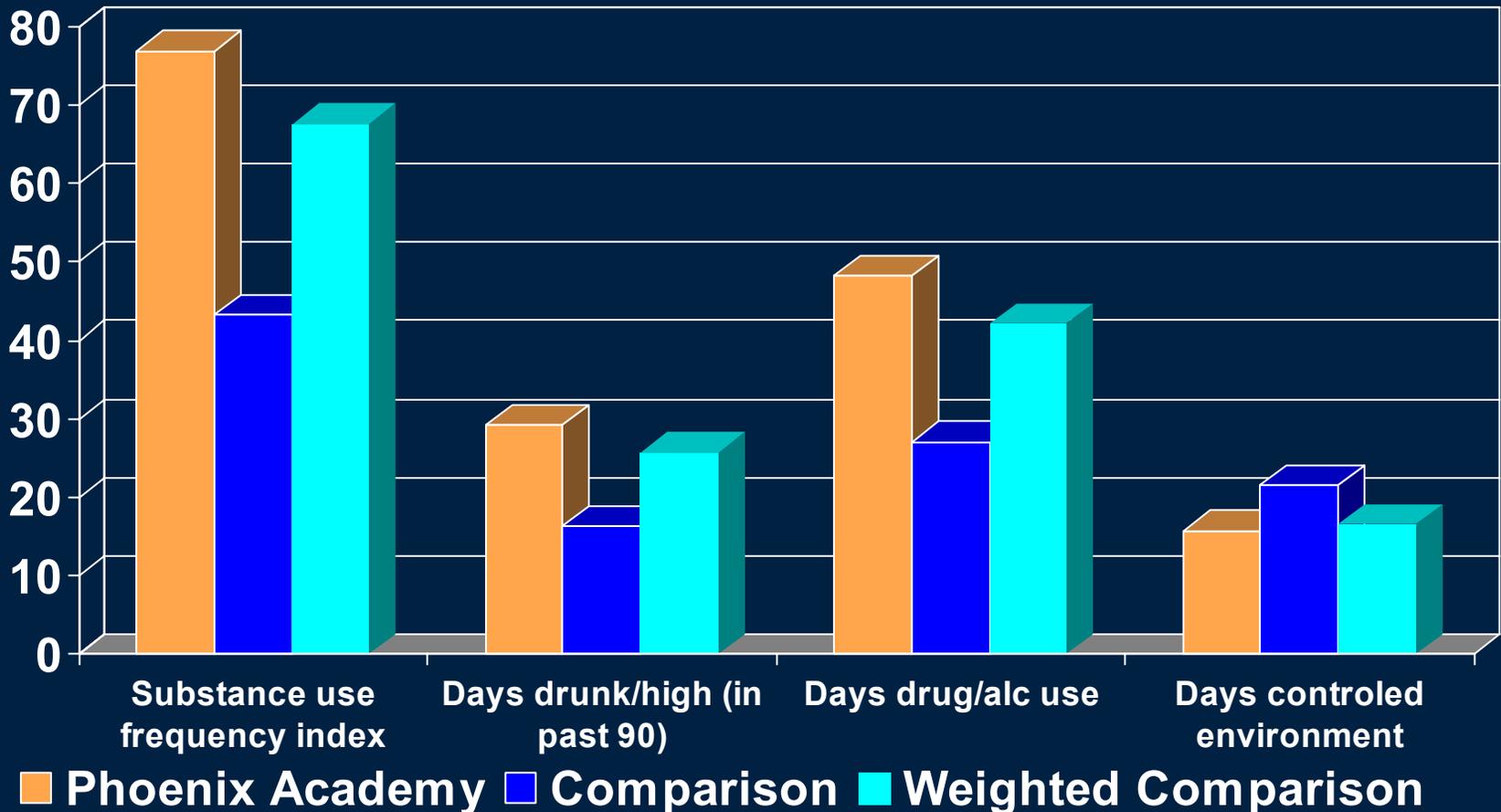
Large Clientele Differences Before Identifying Adjustment

Example Key variables with baseline group differences



Adjustment Eliminated Most Differences

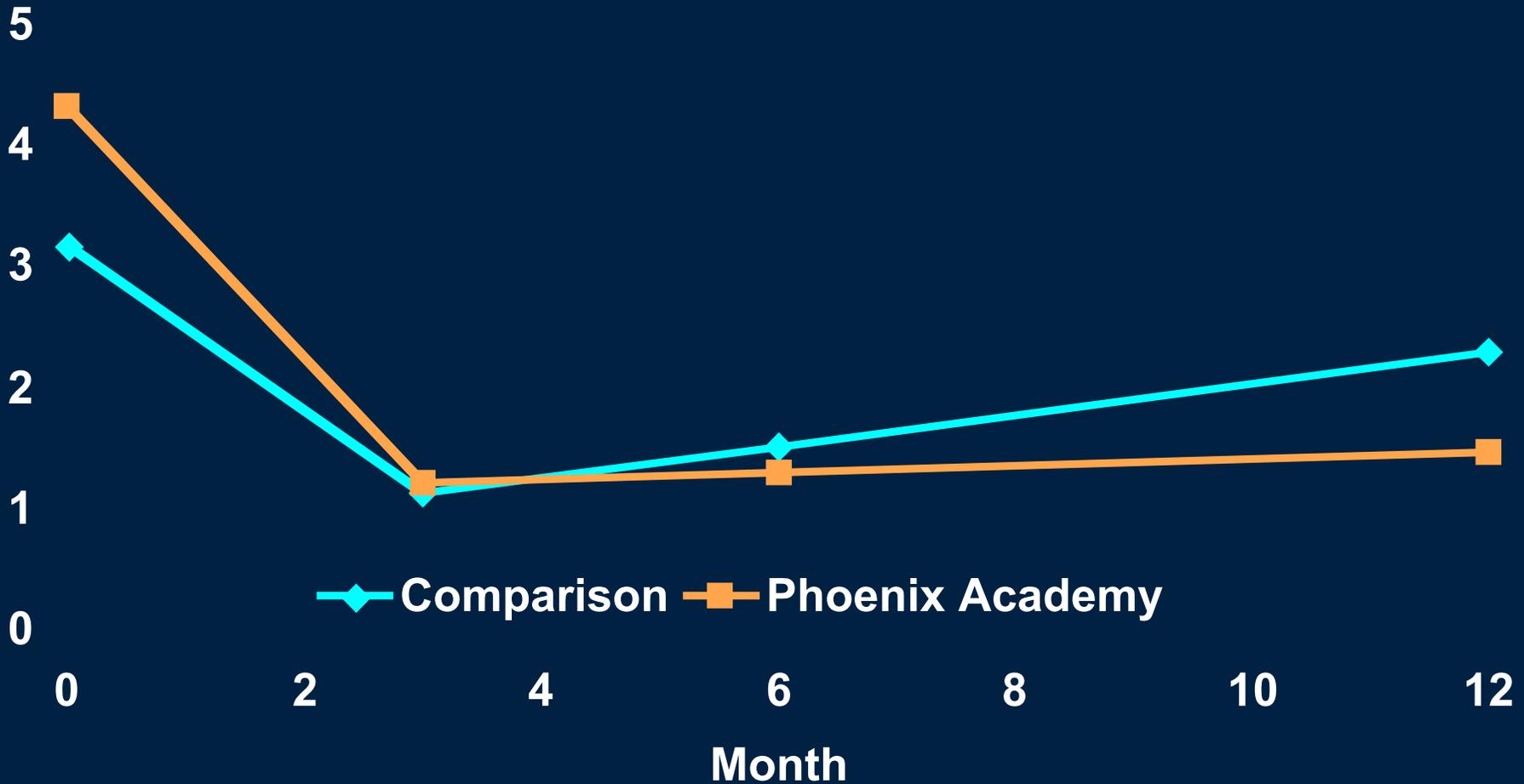
Example Key variables with baseline group differences



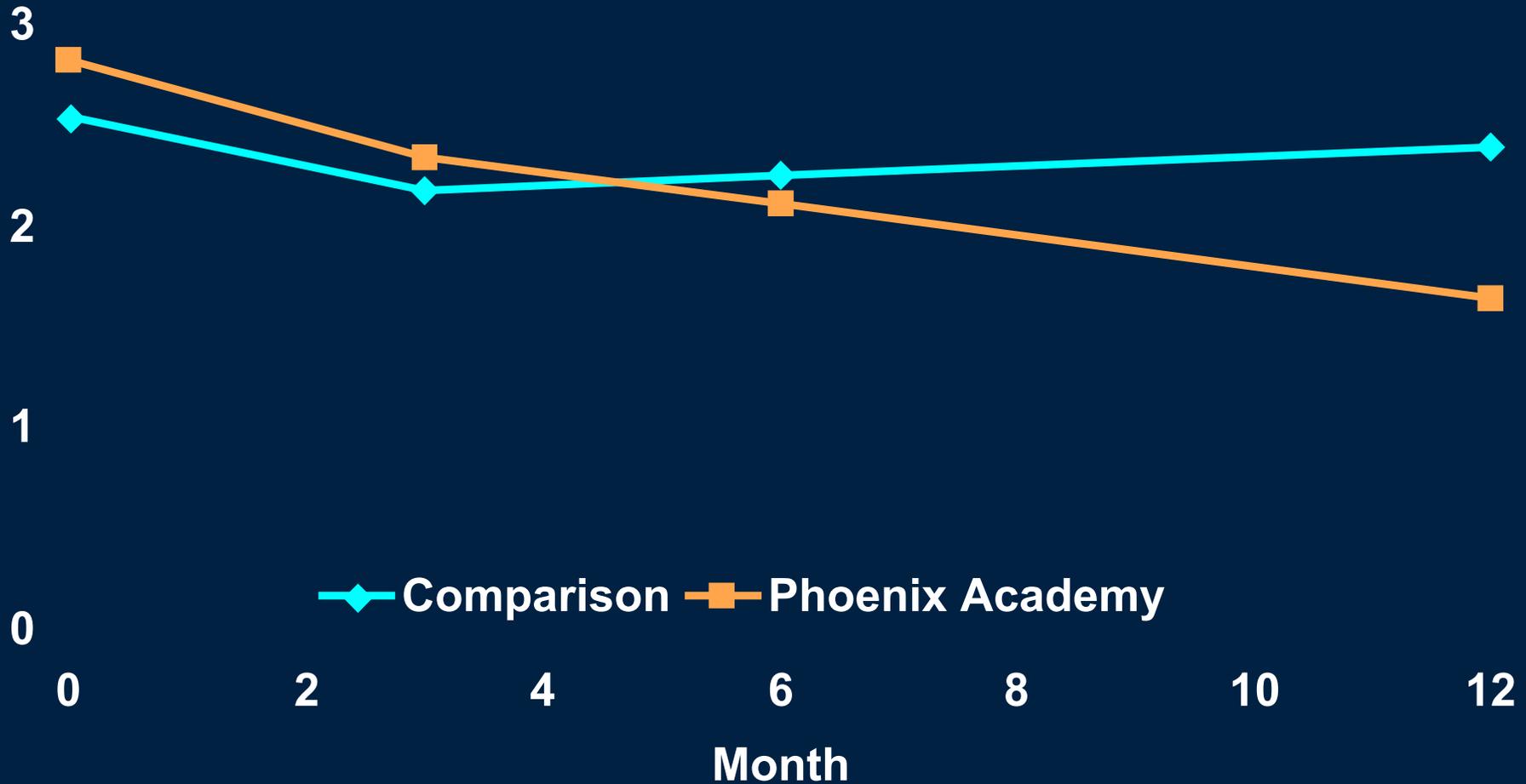
Phoenix Academy Had Superior Outcomes

- **Drugs**
- **Psychiatric Symptoms**
- **Health**
- **Crime**

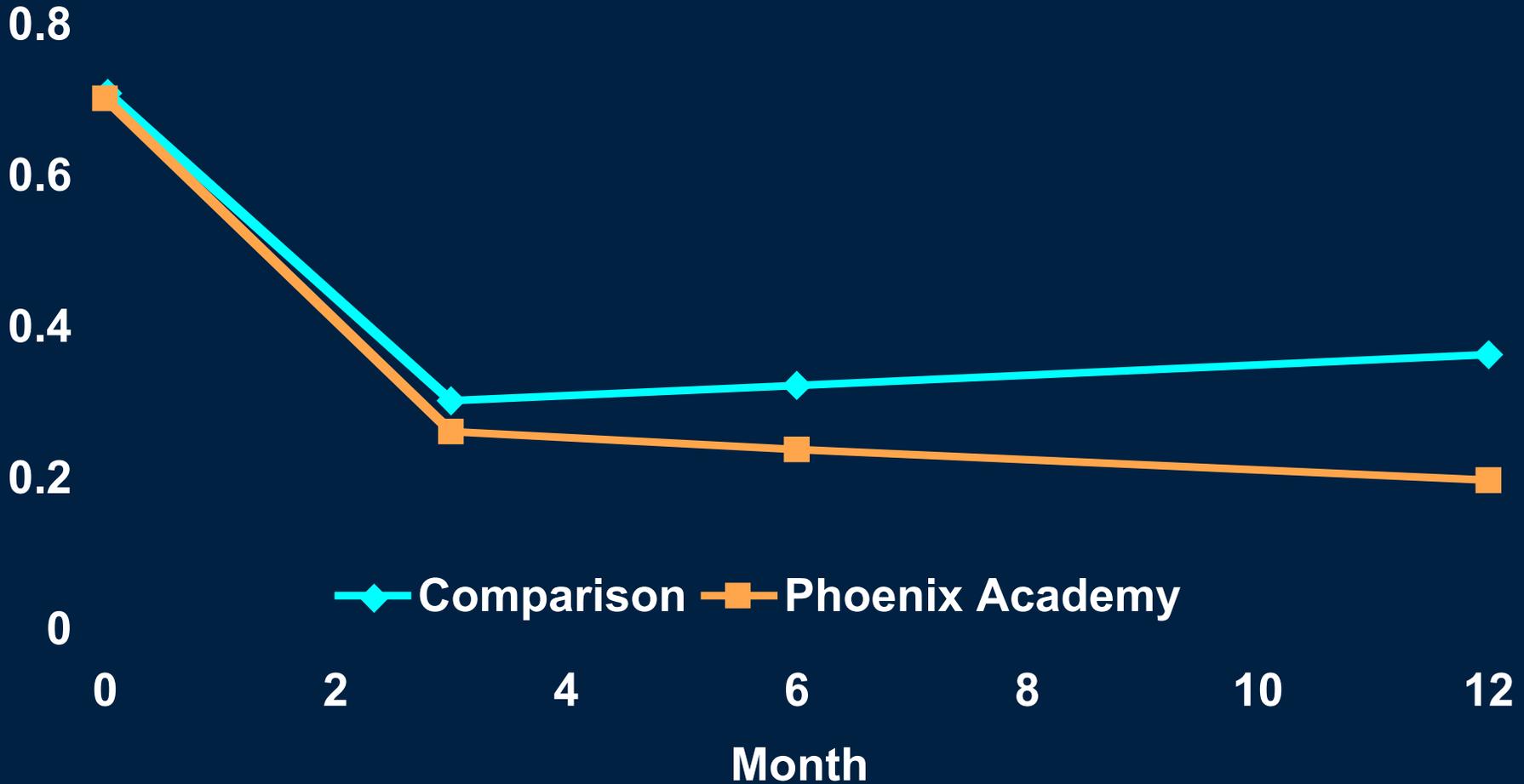
DRUGS: Substance Abuse Symptoms



PSYCHIATRIC: Anxiety Symptoms Index



CRIME: Property Crime (Proportion)



Treatment Effects Found Despite “Unfair Test”

Phoenix Academy outcomes are relative to “active” comparison condition

- Comparison programs provided many services, and likely had positive effects on youth outcomes**

Relative treatment effects may underestimate true treatment effects

Our Findings Are Limited

- **Quasi-experimental designs:**
 - **Unobserved group differences could appear as “Treatment effects”**
- **Data rely on youths’ self-reports**

Are Science-Based Treatments Better?

- **Efficacy of science-based programs better studied than effectiveness of community-based treatments**
- **But weak support for community treatment efficacy *does not imply ineffectiveness***
- **RAND's AOP study suggests some community treatments are effective**

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